

**EMERGENCY TELEPHONE (911) SERVICE FEE RETURN (DOR)  
TELECOMMUNICATIONS (TDD) SERVICE FEE RETURN (SRS)**

Statement for quarter ending \_\_\_\_\_ 19\_\_\_\_

Name and address of the  
provider of telephone  
exchange access service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total number of access lines available \_\_\_\_\_

**Access Line Report and Fee Due Computation**

**Number of nonexempt access lines:**    **911**                      **TDD**                      **911**                      **TDD**

First month of quarter                      \_\_\_\_\_                      \_\_\_\_\_

Second month of quarter                      \_\_\_\_\_                      \_\_\_\_\_

Third month of quarter                      \_\_\_\_\_                      \_\_\_\_\_

Total number of access lines                      \_\_\_\_\_                      \_\_\_\_\_

Fee computation (line 1 X \$.10) TDD                      \_\_\_\_\_

Fee computation (line 1 X \$.50) 911                      \_\_\_\_\_

Less:                      Credit Adjustments:  
                                 Administrative Fees (.75%)                      \_\_\_\_\_  
                                 Uncollectible Accounts                      \_\_\_\_\_  
                                 Refunds                      \_\_\_\_\_  
                                 Incorrect Billings                      \_\_\_\_\_  
                                 Other credit adjustments                      \_\_\_\_\_  
                                 (explain on back of form)                      \_\_\_\_\_

**Total Credits:**                      \_\_\_\_\_                      \_\_\_\_\_

Add:                      Debit Adjustments  
                                 Bad Debt Adjustments                      \_\_\_\_\_  
                                 Other Debit Adjustments                      \_\_\_\_\_

**Total Debits:**                      \_\_\_\_\_                      \_\_\_\_\_

Total fees remitted:                      \_\_\_\_\_                      \_\_\_\_\_

Phone #: \_\_\_\_\_

Provider: \_\_\_\_\_

Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

*Submit to Income and Miscellaneous Tax Division, Dept. of Revenue, P.O. Box 5805, Mitchell Building, Helena, MT 59620 with remittance for total fees due. Retain copy in company files for audit purposes. Returns and remittance for total fees due must be postmarked on or before the last day of the month following the last day of the calendar quarter.*